



Emergency Contact Change Form

Student Full Name: _____

TO UPDATE PHONE NUMBERS AND EMAIL ADDRESS:

Parent/Legal Guardian Name: _____

NEW Home Phone #: _____ Work # _____

Cell # _____

Email _____

Parent/Legal Guardian Name: _____

NEW Home Phone #: _____ Work # _____

Cell # _____

Email _____

TO ADD EMERGENCY CONTACTS/ PICK UP:

Name, phone # and relationship to student:

1. _____

2. _____

3. _____

4. _____

5. _____

Parent/ Legal Guardian Signature: _____ Date: _____

School Use only

Receiving Staff Signature _____ Date: _____

Revised 04/26/21

“The mission of Fuquay-Varina High School is to provide a relevant and engaging education and graduate students who are collaborative, creative, effective communicators and critical thinkers.”